



LINCOLN GARDENS PRIMARY SCHOOL

PO Box 1786 Barley Road Port Lincoln SA 5606

Ph: (08) 86826277 Fax: (08) 86826310 Email: dl.1158_info@schools.sa.edu.au

STUDENT ENROLMENT FORM

SA GOVERNMENT SCHOOLS AND CHILDREN'S SERVICES

INFORMATION PRIVACY STATEMENT

The Department of Education and Children's Services is committed to respecting the confidentiality of information provided by children/students and parents, for example, information requested on child/student enrolment forms.

While only student's name, date of birth and place of residence are requirements of the *Education Act 1972*, other information is requested to enable the Department to:

- Undertake administration and care responsibilities including maintaining emergency contact information;
- Communicate with you about important matters;
- Provide first aid and plan for child/student health support requirements;
- Provide all resource entitlements;
- Collect necessary statistical information and undertake analysis of the composition and performance of the child/student population; and
- Meet reporting requirements, including to other government authorities and funding agencies.

If organisations are contracted on behalf of DECS to undertake tasks which require access to enrolment data, the contract(s) between DECS and those organisations will include strict confidentiality and disposal provisions.

It is a Commonwealth Government requirement that all schools across Australia ask the questions marked * on their school enrolment forms. Only unidentifiable data is reported to the Commonwealth. In accordance with State Government Information Privacy Principles (<http://www.archives.sa.gov.au/privacy/principles.html>), no personal information is reported publicly which could identify individual persons.

The information provided in Enrolment Forms is stored securely in local school/preschool and Departmental databases. While your child is enrolled in a DECS site other information will be gathered relating to your child's education and wellbeing; for example records of learning progress, absences from school, behaviour, health and social development reports, observations and assessments. The management of these data is governed by State and Departmental policies to ensure that the information is used only for the purposes stated above and is secure, private and confidential. The disclosure of personal information held by Government is regulated by the Information Privacy Principles (see reference above). Unless required to so by a law of the State or Commonwealth, as permitted by the Information Privacy Principles or in accordance with the ISG (see below), the Department will not otherwise disclose the information to others without your consent.

INFORMATION SHARING STATEMENT

There will be occasions where sharing information with others outside this site will be important to your child's educational progress, safety or wellbeing. In these circumstances DECS follows the SA Government's *Information Sharing: Guidelines for Promoting the Safety and Wellbeing of Children, Young People and Families (ISG)*. www.gcyp.sa.gov.au

Under the ISG your consent for the sharing of personal information about your child will be sought and respected in all situations unless;

- it is unsafe / impossible to gain consent or consent has been refused *and*
- without information being shared, a child or children will be at increased risk of serious harm.

The aim of information sharing under the ISG is to protect and promote the safety and wellbeing of children, young people and their families. This site works with parents/caregivers and other agencies/services to achieve that aim. Parents /caregivers are strongly encouraged to share all information relevant to their child's capacity to enjoy and benefit from education;

- by using the 'any other information' section of this form, and/or
- in discussion with staff at the time of enrolment, and/or
- in discussion with staff at any time in the future.

Student Personal Details

Family Name:

Given Names:

Preferred Name:

Date of Birth:

* Sex Male Female

How far does the student live from school or school bus route? km

Has this student been approved for School Card Assistance at his/her previous school?
No Yes

* Is the student of Aboriginal or Torres Strait Islander origin?
(For persons of both Aboriginal or Torres Strait Islander origin, tick both 'Yes' boxes.)
No Yes, Aboriginal Yes, Torres Strait Islander

* In which country was the student born?
Australia
Other – please specify

If other, on what date did the student arrive in Australia?

Does the student identify with a non-English speaking culture?
No Yes

If yes, which culture?

School Use Only

School No:

EDID:

Student ID:

School Year Level:

Census Year Level:

Roll Class:

FTE:

Campus:

House:

Enrolment Date:

NESB:

Permanent resident:

Origin:

Visa Sub-class

For student born Overseas with a date of arrival in Australia on or after 1/1/2006, a Visa subclass must be entered. Refer to Visa in passport or visa grant letter for e-visas. Some temporary residents are required to pay fees and must have a letter of offer/confirmation from International Education Services. Refer Overseas Student Factsheet: <http://ssonet.sa.edu.au>. – Select Administration, Data/Info Services, School Information, Factsheets.

Visa Sub-class

Religion: (Optional)

What is the student's previous school?
*If overseas, nominate country. If interstate, nominate state.
If no previous school, nominate preschool, kindergarten, etc.*

* Does the student speak a language other than English at home?
No, English only Yes

If Yes, what languages (including English) does the student speak at home?
Main language Other language/s

Does the student attend an after hours Ethnic School?
No Yes

If Yes, which school? Which language is studied?

Is this student under the Guardianship of the Minister for Families and Communities (GoM) or in Alternative Care?
No Yes

If Yes, further details must be obtained from the confidential Families SA-DECS Information Sharing Form as supplied to the school principal by the child/student's Families SA caseworker. This form will provide the necessary information for data input.

Does this student receive AUSTUDY? No Yes

Does this student receive ABSTUDY? No Yes

Parent 1/ Guardian 1	Parent 2/ Guardian 2
Mr/Mrs/Ms/Other: <input style="width: 100%;" type="text"/>	Mr/Mrs/Ms/Other: <input style="width: 100%;" type="text"/>
Family Name: <input style="width: 100%;" type="text"/>	Family Name: <input style="width: 100%;" type="text"/>
Given Names: <input style="width: 100%;" type="text"/>	Given Names: <input style="width: 100%;" type="text"/>
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to student: <input style="width: 100%;" type="text"/>	Relationship to student: <input style="width: 100%;" type="text"/>
Employment Status: <input style="width: 100%;" type="text"/>	Employment Status: <input style="width: 100%;" type="text"/>
Occupation: <input style="width: 100%;" type="text"/>	Occupation: <input style="width: 100%;" type="text"/>
* What is the occupation group of parent 1/ guardian 1? Please select the appropriate parental occupation group from the list on page 7. <input type="checkbox"/>	* What is the occupation group of parent 2/ guardian 2? Please select the appropriate parental occupation group from the list on page 7. <input type="checkbox"/>
- If the person is not currently in <u>paid</u> work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.	- If the person is not currently in <u>paid</u> work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation.
- If the person has not been in paid work in the last 12 months, enter 8 above.	- If the person has not been in paid work in the last 12 months, enter 8 above.
Work Location: <input style="width: 100%;" type="text"/>	Work Location: <input style="width: 100%;" type="text"/>
Work Phone Number: <input style="width: 100%;" type="text"/>	Work Phone Number: <input style="width: 100%;" type="text"/>
P/G1 Mobile Phone: <input style="width: 100%;" type="text"/>	P/G2 Mobile Phone: <input style="width: 100%;" type="text"/>
* What is the highest year of primary or secondary school the parent 1 / guardian 1 has completed? (For persons who never attended school, select 'Year 9 or equivalent or below'.)	* What is the highest year of primary or secondary school the parent 2 / guardian 2 has completed? (For persons who never attended school, select 'Year 9 or equivalent or below'.)
Year 12 or equivalent <input type="checkbox"/> 4	Year 12 or equivalent <input type="checkbox"/> 4
Year 11 or equivalent <input type="checkbox"/> 3	Year 11 or equivalent <input type="checkbox"/> 3
Year 10 or equivalent <input type="checkbox"/> 2	Year 10 or equivalent <input type="checkbox"/> 2
Year 9 or equivalent or below <input type="checkbox"/> 1	Year 9 or equivalent or below <input type="checkbox"/> 1
* What is the level of the highest qualification the parent 1/ guardian 1 has completed?	* What is the level of the highest qualification the parent 2/ guardian 2 has completed?
Bachelor degree or above <input type="checkbox"/> 7	Bachelor degree or above <input type="checkbox"/> 7
Advanced diploma / Diploma <input type="checkbox"/> 6	Advanced diploma / Diploma <input type="checkbox"/> 6
Certificate I to IV (including trade certificate) <input type="checkbox"/> 5	Certificate I to IV (including trade certificate) <input type="checkbox"/> 5
No non-school qualification <input type="checkbox"/> 8	No non-school qualification <input type="checkbox"/> 8
In which country was the parent 1/ guardian 1 born? <input style="width: 100%;" type="text"/>	In which country was the parent 2/ guardian 2 born? <input style="width: 100%;" type="text"/>
If not born in Australia, what was the date the parent 1/guardian 1 arrived in Australia? <input style="width: 100%;" type="text"/>	If not born in Australia, what was the date the parent 2/ guardian 2 arrived in Australia? <input style="width: 100%;" type="text"/>
* Does the parent 1/ guardian 1 speak a language other than English at home? No, English only <input type="checkbox"/> Yes <input type="checkbox"/>	* Does the parent 2 / guardian 2 speak a language other than English at home? No, English only <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, what is the main language the parent 1/ guardian 1 speaks at home? <input style="width: 100%;" type="text"/>	If yes, what is the main language the parent 2/ guardian 2 speaks at home? <input style="width: 100%;" type="text"/>
Does this Parent or Guardian require an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does this Parent or Guardian require an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the parent 1/guardian 1 identify with a non-English speaking culture? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the parent 2/guardian 2 identify with a non-English speaking culture? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which culture? <input style="width: 100%;" type="text"/>	If yes, which culture? <input style="width: 100%;" type="text"/>

Family Details

Medicare Number (that student is recorded on): *

Is there private health insurance cover for this child? *

Yes No

If Yes, with which private health insurance fund? *

Family Phone Number:

Family Mobile Phone:

Silent?

Family Email Address:

**Enrolling Parent or Guardian may elect to NOT answer this question.*

Student Address Details

Mailing Address (Of Parent/Guardian with whom student lives)

Mailing Title:

Address Line 1:

Address Line 2:

Suburb/Town:

Postcode:

Country:

(If not Australia)

Hundred: *

Section: *

RAPID No:

(If applicable)

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UHF:

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Student's Email Address:

** If known*

Residential Address (If different from Mailing Address)

Mailing Title:

Address Line 1:

Address Line 2:

Suburb/Town:

Postcode:

Country:

(If not Australia)

Hundred: *

Section: *

RAPID No:

(If applicable)

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UHF:

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Student's Email Address:

If known

If other addresses (B – Billing, H – Holiday, S – SSABSA Mail, T – Term) please attach separate sheet.

Other Parent/Guardian/Carer not residing at same address as student

Mr/Mrs/Ms/Other	<input type="text"/>	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Family Name:	<input type="text"/>	Phone Number:	Silent <input type="checkbox"/>
Given Names:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to student	<input type="text"/>	IDD	Area
Mailing Title:	<input type="text"/>	Mobile Phone:	<input type="text"/>
Address Line 1:	<input type="text"/>		
Address Line 2:	<input type="text"/>		
Suburb/Town:	<input type="text"/>		
Postcode:	<input type="text"/>		
Email Address:	<input type="text"/>		

Please indicate if this person wishes to receive reports and/or correspondence
 (If there is more than one person who would like to receive correspondence please attach details)

Reports Other Correspondence

Emergency Contacts if Parent or Guardian cannot be contacted
Note: Includes permission to provide overnight care

Priority 1.

Name:	<input type="text"/>	Home Phone:	<input type="text"/>	Silent	<input type="checkbox"/>
Relationship:	<input type="text"/>	Mobile Phone:	<input type="text"/>		
	<input type="text"/>	Work Phone:	<input type="text"/>	Ext:	<input type="text"/>

Priority 2.

Name:	<input type="text"/>	Home Phone:	<input type="text"/>	Silent	<input type="checkbox"/>
Relationship:	<input type="text"/>	Mobile Phone:	<input type="text"/>		
	<input type="text"/>	Work Phone:	<input type="text"/>	Ext:	<input type="text"/>

Priority 3.

Name:	<input type="text"/>	Home Phone:	<input type="text"/>	Silent	<input type="checkbox"/>
Relationship:	<input type="text"/>	Mobile Phone:	<input type="text"/>		
	<input type="text"/>	Work Phone:	<input type="text"/>	Ext:	<input type="text"/>

Priority 4.

Name:	<input type="text"/>	Home Phone:	<input type="text"/>	Silent	<input type="checkbox"/>
Relationship:	<input type="text"/>	Mobile Phone:	<input type="text"/>		
	<input type="text"/>	Work Phone:	<input type="text"/>	Ext:	<input type="text"/>

Relevant Medical Conditions

Does your child have a diagnosed medical condition which might need first aid? Yes No

If Yes, please tick relevant conditions:

Severe allergies Asthma Heart condition Diabetes Joint condition Seizures

Other (specify)

Does your child need extra routine health support? (e.g. support with medication management, continence care, psychiatric issues) Yes No

If Yes, the school will need a health care plan from the treating doctor/health professional. Is plan attached? Yes No

Details of Student's Doctor

Doctor's Name:

Address Line 1:

Address Line 2:

Suburb/Town:

Postcode:

Phone Number:

Transport to School

Usual mode of transport:

School Bus Route – AM: Stop: Time: :

School Bus Route – PM: Stop: Time: :

Conveyance Allowance: (Approval Number) Allowance Expiry Date: / /

Vehicle Reg. No: Driver if other student:

Family Court Orders

Are there any current Court-sanctioned residency, parental responsibility or contact orders relating to this student? Yes No

If Yes, please attach a copy of the order for the school's records.

On what date was the order issued OR on what date is the order due for review? / /

Details:

Brothers and Sisters

Name	Sex	Date of Birth	Attends this School?
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Schools Attended

Has your child previously attended a Department of Education and Children's Services school? Yes No

If Yes, please specify the last Department of Education and Children's Services school attended:

List the two most recent schools attended. If unsure of dates, please estimate.

School	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Any other information/comments

(This area is intentionally left blank for additional information or comments.)

Parent/Guardian Signatures

by signing this form you certify that all information given is true and accurate

Signature of Parent 1/Guardian 1

Date:

Signature of Parent 2/Guardian 2 (if applicable)

Date:

List of Parental Occupation Groups

Group 4: Other occupations

Drivers, mobile plant, production/processing machinery and other machinery operators.

Hospitality staff [hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper]

Office assistants, sales assistants and other assistants.

Office [typist, word processing/data entry/business machine operator, receptionist, office assistant]

Sales [sales assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker]

Assistant/aide [trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant]

Labourers and related workers

Defence Forces other ranks below senior NCO not included above

Agriculture, horticulture, forestry, fishing, mining worker [farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand]

Other worker [labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor]

Group 3: Trades and advanced/intermediate clerical, sales and service staff

Tradesmen/women generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen/women are included in this group.

Clerks [bookkeeper, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/order clerk, freight/ transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk]

Skilled office, sales and service staff

Office [secretary, personal assistant, desktop publishing operator, switchboard operator]

Sales [company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher]

Service [aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor]

Group 2: Other business managers, arts/media/sportspersons and associate professionals

Owner/manager of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.

Specialist manager

[finance/engineering/production/personnel/industrial relations/sales/marketing]

Financial services manager [bank branch manager, finance/investment/insurance broker, credit/loans officer]

Retail sales/services manager [shop, petrol station, restaurant, club, hotel/motel, cinema, theatre, agency]

Arts/media/sports [musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official]

Associate professionals generally have diploma/technical qualifications and support managers and professionals.

Health, Education, Law, Social Welfare,

Engineering, Science, Computing

technician/associate professional.

Business/administration

[recruitment/employment/industrial relations/training officer, marketing/ advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager]

Defence Forces [senior Non-Commissioned officer]

Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals

Senior executive/manager/department head in industry, commerce, media or other large organisation.

Public service manager (Section head or above), regional director, health/education/police/fire services administrator.

Other administrator [school principal, faculty head/dean, library/museum/gallery director, research facility director]

Defence Forces Commissioned Officer.

Professionals generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

Health, Education, Law, Social Welfare,

Engineering, Science, Computing professional.

Business [management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer]

Air/sea transport [aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller]